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**Birch, Stewart, Kolasch & Birch, LLP**

# Fax

To: Examiner David T. Fidei, Group 3728 From: Elliot Goldberg 

Fax: 571-273-8300 Date: December 30, 2005

Phone: 571-272-4553 Pages: 13 (including cover sheet)

Your Ref.: Appln. No.: 10/649,865 Our Ref.: 2786-0242P

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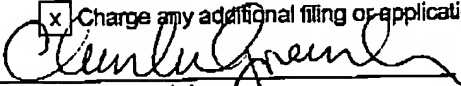
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Comments:

DEC 30 2005

MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   | Docket No.<br>2786-0242P |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
|--|---|---|-----------------------------------|--------------------------|------|-------------------|--|--|--|--|--|--|---|---|-----------------------------------|------|--|--------------|----|--------|--|---|--|-----------------------|---|-------|--|---|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|------|
| Application No.<br>10/649,865-Conf. #6370  |   | Filing Date<br>August 28, 2003          |                                   | Examiner<br>D. Fidei     |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Art Unit<br>3728   |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Applicant(s): Liat DE-VRIES  |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Invention: TISSUE CONTAINER WITH AUXILIARY COMPARTMENT   |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| <p>MS AF<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.<br/>The fee has been calculated and is transmitted as shown below.</p> <table border="1"> <thead> <tr> <th colspan="6">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims<br/>Remaining<br/>After<br/>Amendment</th> <th>Highest<br/>Number<br/>Previously<br/>Paid</th> <th>Number<br/>Extra Claims<br/>Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>35</td> <td>- 44 =</td> <td></td> <td>x</td> <td></td> </tr> <tr> <td>Independent<br/>Claims</td> <td>3</td> <td>- 4 =</td> <td></td> <td>x</td> <td></td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity<br/> <input checked="" type="checkbox"/> No additional fee is required for this amendment.<br/> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br/> A duplicate copy of this sheet is enclosed.<br/> <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.<br/> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br/> as described below. A duplicate copy of this sheet is enclosed.<br/> <input checked="" type="checkbox"/> Credit any overpayment.<br/> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <p> <br/> Charles Gorenstein<br/> Attorney Reg. No.: 29,271<br/> BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP<br/> 8110 Gatehouse Road<br/> Suite 100 East<br/> P.O. Box 747<br/> Falls Church, Virginia 22040-0747<br/> (703) 205-8000 </p> <p>Dated: <u>December 30, 2005</u></p> |   |   |                                   |                          |      | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |  | Total Claims | 35 | - 44 = |  | x |  | Independent<br>Claims | 3 | - 4 = |  | x |  | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: |  |  |  |  | 0.00 |
| CLAIMS AS AMENDED  |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                     |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Total Claims   | 35  | - 44 =                                  |                                   | x                        |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Independent<br>Claims  | 3   | - 4 =                                   |                                   | x                        |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| Other fee (please specify):  |   |   |                                   |                          |      |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |   |   |                                   |                          | 0.00 |                   |  |  |  |  |  |  |   |   |                                   |      |  |              |    |        |  |   |  |                       |   |       |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |      |

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DEC 30 2005

Docket No.: 2786-0242P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Liat DE-VRIES

Application No.: 10/649,865

Confirmation No.: 6370

Filed: August 28, 2003

Art Unit: 3728

For: TISSUE CONTAINER WITH AUXILIARY  
COMPARTMENT

Examiner: D. Fidei

**THIRD REPLY UNDER 37 C.F.R. § 1.116**

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Alexandria, Virginia 22314

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated September 2, 2005, finally rejecting claims 31, 33-35, 48, 54-56 and 61, and further to the Reply filed December 19, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

Birch, Stewart, Kolosch & Birch, LLP

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